

DEPARTMENT OF HEALTH SERVICES

1800 3rd Street, Room 100
P. O. BOX 942732
SACRAMENTO, CA 94234-7320
(916) 322-1086



CHIP Letter : 01-J
RHS Letter : 01-J
Date Issued : October 10, 2001

TO: CALIFORNIA HEALTHCARE FOR INDIGENTS PROGRAM (CHIP)/RURAL
HEALTH SERVICES (RHS) PROGRAM CONTACT

SUBJECT: FISCAL YEAR (FY) 2000-01 TRUST FUND GUIDELINES

Enclosed are the CHIP and RHS Program Trust/Special Revenue Fund Balance Report guidelines for FY 2000-01. Included is a complete set of forms and instructions for the Preliminary and Final Annual Trust Fund Report. This information is also available on the Office of County Health Services' web site at:

<http://www.dhs.ca.gov/hisp/ochs/chsu/index.htm>

The reports combine fiscal data and patient service cost/utilization data by subaccount.

In FY 2000-01, each county is required to submit a Preliminary and Final Annual Report. Please note that both reports now include separate Financial Statements and Expenditure and Utilization Reports for the formula and discretionary allocation of the Noncounty Hospital Subaccount. The number of reports required has been reduced from FY 1991-92, when a Semi-Annual Report was also required. However, if we feel that a county's health expenditures merit further review, we may require counties, on a case-by-case basis, to submit the Semi-Annual Report prior to our receipt of the annual reports.

The Preliminary Annual Report includes disbursements for all patient services provided during the fiscal year, from July 1, 2000, through June 30, 2001, and is due on November 15, 2001. The cutoff date for all transactions included in this report is October 15, 2001. Similarly, the Final Annual includes disbursements for all patient services provided during the fiscal year, but is due on April 15, 2002. The cutoff date for all county transactions included in this report is March 15, 2002. In summary, the reports and their time frames are as follows:

<u>REPORT TYPE</u>	<u>REPORTING PERIOD</u>	<u>DUE DATE</u>	<u>CUTOFF DATE</u>
Preliminary Annual	07/01/00 - 06/30/01	11/15/01	10/15/01
Final Annual	07/01/00 - 06/30/01	04/15/02	03/15/02

CHIP/RHS Program Contact
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October 10, 2001

Please note that each report must include both the financial information and the corresponding service data. The service data is required in broad, summary form and can be extracted from your county's Medically Indigent Care Reporting System (MICRS) or accounting records. This information is a subset of your MICRS data and must be identified at the county level, since MICRS does not provide for reporting expenditure data by payer source. You must use the same cutoff dates for the service data as for the financial data. The data reported in the Trust/Special Revenue Fund Balance Report does not replace the MICRS reporting requirements.

If you have any questions concerning the Trust/Special Revenue Fund Balance Report, please contact your County Health Services Analyst.

Sincerely,

ORIGINAL SIGNED BY NANCY HAYWARD

Nancy Hayward, Chief
Medically Indigent Services Section

Enclosures

cc: See next page.

CHIP/RHS Program Contact
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October 10, 2001

cc: The following cc list w/out enclosures

George B. (Peter) Abbott, M.D., M.P.H.
Acting Deputy Director
Health Information and
Strategic Planning
Department of Health Services
1800 3rd Street, Room 100
P.O. Box 942732
Sacramento, CA 94234-7320

Ms. Eileen Eastman
Executive Secretary
California Conference
of Local Health Officers
Department of Health Services
714 P Street, Room 1492
P.O. Box 942732
Sacramento, CA 94234-7320

Ms. Kimberly Gates
Assistant Secretary
California Health and Human
Services Agency
1600 Ninth Street, Room 460
Sacramento, CA 95814

Mr. Gregory Jolivette
Senior Fiscal and Policy Analyst
Legislative Analyst's Office
925 L Street, Suite 1000
Sacramento, CA 95814

Mr. Patrick Kemp
Principal Program Budget Analyst
Health and Human Services Unit
Department of Finance
915 L Street, Ninth Floor
Sacramento, CA 95814

Ms. Agnes Lee
Budget Consultant
Assembly Budget Committee
State Capitol, Room 6026
Sacramento, CA 95814

Mr. Don Maddy
Chief Legislative Advocate
Research and Health Policy
California Healthcare Association
1215 K Street, Suite 800
Sacramento, CA 95814

Ms. Charleen Milburn
Managing Director
California Medical Association
1201 K Street, Suite 1050
Sacramento, CA 95814

Ms. Holly J. Mitchell
Health Advocate
Western Center on Law
and Poverty, Inc.
1225 8th Street, Suite 415
Sacramento, CA 95814-4879

Mr. Santiago Muñoz
Director, Finance Policy
California Association of Public
Hospitals and Health Systems
2000 Center Street, Suite 308
Berkeley, CA 94704

CHIP/RHS Program Contact
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October 10, 2001

cc: The following cc list w/out enclosures

Ms. Caitlin O'Halloran
Legislative Representative
California State Association
of Counties
1100 K Street, Suite 101
Sacramento, CA 95814

Mr. Bruce Pomer
Executive Director
Health Officers Association
of California
1100 11th Street, Suite 321
Sacramento, CA 95814

Ms. Judith Reigel
Executive Officer
County Health Executives
Association of California
1127 11th Street, Suite 309
Sacramento, CA 95814

Ms. Mickey Richie
Local Liaison
Office of the Director
714 P Street, Room 1253
P.O. Box 942732
Sacramento, CA 94234-7320

Ms. Diane Van Maren
Senior Consultant
Senate Budget and
Fiscal Review Committee
State Capitol, Room 5013
Sacramento, CA 95814

Chair, Board of Supervisors

Auditor/Controller

Health Officers

INSTRUCTIONS FOR COMPLETING THE
PRELIMINARY ANNUAL
TRUST/SPECIAL REVENUE FUND BALANCE REPORT
FISCAL YEAR 2000-01

The purpose of the Preliminary Annual Report is to provide a status report to the State of how counties expend their California Healthcare for Indigents Program (CHIP)/Rural Health Services (RHS) Program funds on the medically indigent population. The information derived from the Preliminary Annual Report will be used to address policy questions related to indigent health care programs posed by legislative staff, state administrative officials, and representatives from provider organizations.

The Report will provide an accounting of income and disbursements by CHIP/RHS Program subaccount, and include a general display of expenditures and service utilization data. Since this is a preliminary report, the disbursement data does not have to exhibit a one-to-one correlation to the expenditure data. Thus, the county auditor controller is only required to certify the Report's accuracy and that supporting documentation is available for review.

Please use the following outlined instructions when completing the Preliminary Annual Report:

I. FINANCIAL STATEMENT

A. BEGINNING BALANCE. The amount is the beginning balance of the Trust Fund for the 2000-01 fiscal year (FY). The beginning balance must be zero.

B. INCOME

1. FUNDS RECEIVED PURSUANT TO SECTIONS 16931 and 16941 OF THE WELFARE AND INSTITUTIONS CODE. Total CHIP/RHS Program payments received for FY 2000-01.

2. INTEREST EARNED FY 2000-01. Interest earned and posted to the Fund for FY 2000-01 with a transaction cutoff date of October 15, 2001.

3. INTEREST CARRIED OVER FROM FY 1999-00. Interest carried over from the FY 1999-00 Trust Fund.

4. TOTAL INCOME. The sum of B1, B2, and B3.

C. DISBURSEMENTS

1. FUNDS DISBURSED FOR SERVICES. Disbursements for services provided from July 1, 2000, through June 30, 2001.

2. FUNDS DISBURSED FOR ADMINISTRATIVE COSTS. County administrative costs attributable to the administration of the CHIP or RHS Program for FY 2000-01.
 3. INTEREST TO BE TRANSFERRED TO FY 2001-02 TRUST FUND. Interest earned by the fund, but not spent during the fiscal year. The amount can only be carried over to the FY 2001-02 account or subaccount and appropriated for expenditure.
 - 3a. FUNDS DISBURSED FOR EQUIPMENT (Applies only to the Other Health Services Account). Funds disbursed for equipment must be consistent with FY 2000-01 CHIP/RHS Program Standard Agreement, which states that no more than five percent (5%) of the county's Other Health Services allocation or fifty-thousand dollars (\$50,000), whichever is greater, may be expended for equipment and fixed assets, and no single expenditure may exceed ten-thousand dollars (\$10,000).
 4. TOTAL DISBURSEMENTS. The sum of C1-C4 (depending on the account).
 - D. MONIES RECOVERED BY THE TRUST FUND AND NOT DISBURSED. FY 2000-01 funds which were previously disbursed, recovered by the county, and not expended.
 - E. ENDING BALANCE. Add the Beginning Balance to the Total Income, subtract the Total Disbursements, and add the Recovered Monies.
- II. CERTIFICATION. The Preliminary Annual Report requires signature by the county auditor controller certifying the Report's accuracy and that supporting documentation is available for State review. Unlike the Final Annual, the Preliminary Annual Report does not require certification that the dollar amounts reported in the trust fund financial statement have been reconciled with the dollar amounts reported in the expenditure and utilization data submitted with the Report.

PRELIMINARY ANNUAL

TRUST/SPECIAL REVENUE FUND BALANCE REPORT

**CALIFORNIA HEALTHCARE FOR INDIGENTS PROGRAM
RURAL HEALTH SERVICES PROGRAM**

FISCAL YEAR 2000-01

COUNTY OF _____

CHIP/RHS
PRELIMINARY ANNUAL
TRUST/SPECIAL REVENUE FUND BALANCE REPORT
FISCAL YEAR 2000-01

County of _____

COUNTY HOSPITAL SUBACCOUNT

JULY 1, 2000 THROUGH JUNE 30, 2001
AS OF OCTOBER 15, 2001

I. FINANCIAL STATEMENT

A. BEGINNING BALANCE	<u>\$0.00</u>
B. INCOME	
1. FUNDS RECEIVED PURSUANT TO SECTIONS 16931 and 16941 OF THE WELFARE & INSTITUTIONS CODE	<u> </u>
2. INTEREST EARNED FY 2000-01	<u> </u>
3. INTEREST CARRIED OVER FROM FY 1999-00	<u> </u>
4. TOTAL INCOME	<u> </u>
C. DISBURSEMENTS	
1. FUNDS DISBURSED FOR SERVICES	<u> </u>
2. FUNDS DISBURSED FOR ADMINISTRATIVE COSTS	<u> </u>
3. INTEREST TRANSFERRED TO FY 2001-02 TRUST FUND	<u> </u>
4. TOTAL DISBURSEMENTS	<u> </u>
D. MONIES RECOVERED BY THE TRUST FUND AND NOT DISBURSED	<u> </u>
E. ENDING BALANCE (A+B4-C4+D)	<u> </u>
F. FUND CLOSED: AMOUNT RETURNED TO STATE	<u> </u>

II. CERTIFICATION

I HEREBY CERTIFY THE ACCURACY OF THIS TRUST FUND BALANCE REPORT AND
THAT SUPPORTING DOCUMENTATION IS AVAILABLE FOR STATE REVIEW.

AUDITOR CONTROLLER SIGNATURE: _____

DATE: _____ TELEPHONE NUMBER: _____

CHIP/RHS
PRELIMINARY ANNUAL
TRUST/SPECIAL REVENUE FUND BALANCE REPORT
FISCAL YEAR (FY) 2000-01

County of _____

EXPENDITURE AND UTILIZATION DATA REPORT
(COUNTY HOSPITAL SUBACCOUNT)

Facility	INPATIENT			OUTPATIENT		EMERGENCY ROOM	
	Amount Paid	Number of Discharges	Patient Days	Amount Paid	Number of Visits	Amount Paid	Number of Visits
TOTALS							

CHILD HEALTH AND DISABILITY PREVENTION FOLLOW-UP TREATMENT

(CHDP Expenditures are a subset of above and should be reported only in table below.)

Facility	INPATIENT			OUTPATIENT	
	Amount Paid	Number of Discharges	Patient Days	Amount Paid	Number of Visits
TOTALS					

NONCOUNTY
HOSPITAL FORMULA SUBACCOUNT
JULY 1, 2000 THROUGH JUNE 30, 2001
AS OF OCTOBER 15, 2001

I. FINANCIAL STATEMENT

A. BEGINNING BALANCE \$0.00

B. INCOME

- 1. FUNDS RECEIVED PURSUANT TO SECTIONS 16931 and 16941 OF THE WELFARE & INSTITUTIONS CODE
- 2. INTEREST EARNED FY 2000-01
- 3. INTEREST CARRIED OVER FROM FY 1999-00
- 4. TOTAL INCOME

C. DISBURSEMENTS

- 1. FUNDS DISBURSED FOR SERVICES
- 2. INTEREST TRANSFERRED TO FY 2001-02 TRUST FUND
- 3. TOTAL DISBURSEMENTS

D. MONIES RECOVERED BY THE TRUST FUND AND NOT DISBURSED

E. ENDING BALANCE (A+B4-C3+D)

F. FUND CLOSED: AMOUNT RETURNED TO STATE

II. CERTIFICATION

I HEREBY CERTIFY THE ACCURACY OF THIS TRUST FUND BALANCE REPORT AND THAT SUPPORTING DOCUMENTATION IS AVAILABLE FOR STATE REVIEW.

AUDITOR CONTROLLER SIGNATURE: _____

DATE: _____ TELEPHONE NUMBER: _____

CHIP/RHS
 PRELIMINARY ANNUAL
 TRUST/SPECIAL REVENUE FUND BALANCE REPORT
 FISCAL YEAR (FY) 2000-01

County of _____

EXPENDITURE AND UTILIZATION DATA REPORT
 (NONCOUNTY HOSPITAL FORMULA SUBACCOUNT)

Facility	INPATIENT			OUTPATIENT		EMERGENCY ROOM	
	Amount Paid	Number of Discharges	Patient Days	Amount Paid	Number of Visits	Amount Paid	Number of Visits
TOTALS							

NONCOUNTY
HOSPITAL DISCRETIONARY SUBACCOUNT

JULY 1, 2000 THROUGH JUNE 30, 2001
AS OF OCTOBER 15, 2001

I. FINANCIAL STATEMENT:

A. BEGINNING BALANCE \$0.00

B. INCOME

- | | |
|--|-------|
| 1. FUNDS RECEIVED PURSUANT TO SECTIONS 16931 and
16941 OF THE WELFARE & INSTITUTIONS CODE | _____ |
| 2. INTEREST EARNED FY 2000-01 | _____ |
| 3. INTEREST CARRIED OVER FROM FY 1999-00 | _____ |
| 4. TOTAL INCOME | ===== |

C. DISBURSEMENTS

- | | |
|--|-------|
| 1. FUNDS DISBURSED FOR SERVICES | _____ |
| 2. FUNDS DISBURSED FOR ADMINISTRATIVE COSTS | _____ |
| 3. INTEREST TRANSFERRED TO FY 2001-02 TRUST FUND | _____ |
| 4. TOTAL DISBURSEMENTS | ===== |

D. MONIES RECOVERED BY THE TRUST FUND AND NOT DISBURSED _____

E. ENDING BALANCE (A+B4-C4+D) =====

F. FUND CLOSED: AMOUNT RETURNED TO STATE _____

II. CERTIFICATION

I HEREBY CERTIFY THE ACCURACY OF THIS TRUST FUND BALANCE REPORT AND
THAT SUPPORTING DOCUMENTATION IS AVAILABLE FOR STATE REVIEW.

AUDITOR CONTROLLER SIGNATURE: _____

DATE: _____ TELEPHONE NUMBER: _____

CHIP/RHS
PRELIMINARY ANNUAL
TRUST/SPECIAL REVENUE FUND BALANCE REPORT
FISCAL YEAR (FY) 2000-01

	INPATIENT			OUTPATIENT		EMERGENCY ROOM	
Facility	Amount Paid	Number of Discharges	Patient Days	Amount Paid	Number of Visits	Amount Paid	Number of Visits
TOTALS							

(CHDP Expenditures are a subset of above and should reported only in table below.)

	INPATIENT			OUTPATIENT	
Facility	Amount Paid	Number of Discharges	Patient Days	Amount Paid	Number of Visits
TOTALS					

EMERGENCY MEDICAL SERVICES SUBACCOUNT

JULY 1, 2000 THROUGH JUNE 30, 2001
AS OF OCTOBER 15, 2001

I. FINANCIAL STATEMENT

A. BEGINNING BALANCE \$0.00

B. INCOME

1. FUNDS RECEIVED PURSUANT TO SECTIONS 16931 and
16941 OF THE WELFARE & INSTITUTIONS CODE
2. INTEREST EARNED FY 2000-01
3. INTEREST CARRIED OVER FROM FY 1999-00
4. TOTAL INCOME

=====

C. DISBURSEMENTS

1. FUNDS DISBURSED FOR SERVICES
2. FUNDS DISBURSED FOR ADMINISTRATIVE COSTS
3. INTEREST TRANSFERRED TO FY 2001-02 TRUST FUND
4. TOTAL DISBURSEMENTS

=====

D. MONIES RECOVERED BY THE TRUST FUND AND NOT DISBURSED

E. ENDING BALANCE (A+B4-C4+D)

=====

F. FUND CLOSED: AMOUNT RETURNED TO STATE

II. CERTIFICATION

I HEREBY CERTIFY THE ACCURACY OF THIS TRUST FUND BALANCE REPORT AND
THAT SUPPORTING DOCUMENTATION IS AVAILABLE FOR STATE REVIEW.

AUDITOR CONTROLLER SIGNATURE: _____

DATE: _____ TELEPHONE NUMBER: _____

CHIP/RHS
PRELIMINARY ANNUAL
TRUST/SPECIAL REVENUE FUND BALANCE REPORT
FISCAL YEAR (FY) 2000-01

County of _____

EXPENDITURE AND UTILIZATION DATA REPORT
(EMERGENCY MEDICAL SERVICES SUBACCOUNT)

CATEGORY	NUMBER OF PROVIDERS	NUMBER OF VISITS	AMOUNT PAID
Emergency Services			
OB/GYN Services			
Pediatrics			
TOTALS			

NEW PHYSICIANS CONTRACT SUBACCOUNT

JULY 1, 2000 THROUGH JUNE 30, 2001
AS OF OCTOBER 15, 2001

I. FINANCIAL STATEMENT:

A. BEGINNING BALANCE _____ \$0.00

B. INCOME

1. FUNDS RECEIVED PURSUANT TO SECTIONS 16931 and
16941 OF THE WELFARE & INSTITUTIONS CODE _____
2. INTEREST EARNED FY 2000-01 _____
3. INTEREST CARRIED OVER FROM FY 1999-00 _____
4. TOTAL INCOME _____

C. DISBURSEMENTS

1. FUNDS DISBURSED FOR SERVICES _____
2. FUNDS DISBURSED FOR ADMINISTRATIVE COSTS _____
3. INTEREST TRANSFERRED TO FY 2001-02 TRUST FUND _____
4. TOTAL DISBURSEMENTS _____

D. MONIES RECOVERED BY THE TRUST FUND AND NOT DISBURSED _____

E. ENDING BALANCE (A+B4-C4+D) _____

F. FUND CLOSED: AMOUNT RETURNED TO STATE _____

II. CERTIFICATION

I HEREBY CERTIFY THE ACCURACY OF THIS TRUST FUND BALANCE REPORT AND
THAT SUPPORTING DOCUMENTATION IS AVAILABLE FOR STATE REVIEW.

AUDITOR CONTROLLER SIGNATURE: _____

DATE: _____ TELEPHONE NUMBER: _____

CHIP/RHS
 PRELIMINARY ANNUAL
 TRUST/SPECIAL REVENUE FUND BALANCE REPORT
 FISCAL YEAR (FY) 2000-01

County of _____

EXPENDITURE AND UTILIZATION DATA REPORT
 (NEW PHYSICIANS CONTRACTS SUBACCOUNT)

CATEGORY	NUMBER OF PROVIDERS	NUMBER OF VISITS	AMOUNT PAID
Emergency Services			
OB/GYN Services			
Pediatrics			
TOTALS			

CHILD HEALTH AND DISABILITY PREVENTION FOLLOW-UP TREATMENT
 (CHDP Expenditures are a subset of above and should be reported only in table below.)

CATEGORY	NUMBER OF PROVIDERS	NUMBER OF VISITS	AMOUNT PAID
CHDP Services			
TOTALS			

CHIP/RHS
PRELIMINARY ANNUAL
TRUST/SPECIAL REVENUE FUND BALANCE REPORT
FISCAL YEAR 2000-01

County of _____

OTHER HEALTH SERVICES SUBACCOUNT

JULY 1, 2000 THROUGH JUNE 30, 2001
AS OF OCTOBER 15, 2001

I. FINANCIAL STATEMENT:	_____ \$0.00
A. BEGINNING BALANCE	_____
B. INCOME	
1. FUNDS RECEIVED PURSUANT TO SECTIONS 16931 and 16941 OF THE WELFARE & INSTITUTIONS CODE	_____
2. INTEREST EARNED FY 2000-01	_____
3. INTEREST CARRIED OVER FROM FY 1999-00	_____
4. TOTAL INCOME	=====
C. DISBURSEMENTS	
1. FUNDS DISBURSED FOR SERVICES	_____
2. FUNDS DISBURSED FOR ADMINISTRATIVE COSTS	_____
3. INTEREST TRANSFERRED TO FY 2001-02 TRUST FUND	_____
4. FUNDS DISBURSED FOR EQUIPMENT	_____
5. TOTAL DISBURSEMENTS	=====
D. MONIES RECOVERED BY THE TRUST FUND AND NOT DISBURSED	_____
E. ENDING BALANCE (A+B4-C5+D)	=====
F. FUND CLOSED: AMOUNT RETURNED TO STATE	_____

II. CERTIFICATION

I HEREBY CERTIFY THE ACCURACY OF THIS TRUST FUND BALANCE REPORT AND THAT SUPPORTING DOCUMENTATION IS AVAILABLE FOR STATE REVIEW.

AUDITOR CONTROLLER SIGNATURE: _____

DATE: _____ TELEPHONE NUMBER: _____

County of _____

CHIP/RHS
PRELIMINARY ANNUAL
TRUST/SPECIAL REVENUE FUND BALANCE REPORT
FISCAL YEAR (FY) 2000-01

EXPENDITURE AND UTILIZATION DATA REPORT (OTHER HEALTH SERVICES SUBACCOUNT)

HOSPITAL SERVICES - Do not include CHDP

Facility	INPATIENT			OUTPATIENT		EMERGENCY ROOM	
	Amount Paid	Number of Discharges	Patient Days	Amount Paid	Number of Visits	Amount Paid	Number of Visits
TOTALS							

PHYSICIAN SERVICES - Do not include CHDP

CATEGORY	NUMBER OF PROVIDERS	NUMBER OF VISITS	AMOUNT PAID
Emergency Services			
OB/GYN Services			
Pediatrics			
TOTALS			

OTHER SERVICES - Do Not Include CHDP

TYPE OF SERVICE	NUMBER OF PROVIDERS	NUMBER OF VISITS	AMOUNT PAID
Health Clinics			
Dental Clinics			
Public Health			
Mental Health			
Transportation			
All Other Services			
TOTALS			

CHIP/RHS
PRELIMINARY ANNUAL
TRUST/SPECIAL REVENUE FUND BALANCE REPORT
FISCAL YEAR (FY) 2000-01

County of _____

EXPENDITURE AND UTILIZATION DATA REPORT
(OTHER HEALTH SERVICES SUBACCOUNT)
CHILD HEALTH AND DISABILITY PREVENTION FOLLOWUP TREATMENT

CHDP HOSPITAL SERVICES

	INPATIENT			OUTPATIENT	
Facility	Amount Paid	Number of Discharges	Patient Days	Amount Paid	Number of Visits
TOTALS					

CHDP PHYSICIAN SERVICES

	NUMBER OF PROVIDERS	NUMBER OF VISITS	AMOUNT PAID
CHDP Services			
TOTALS			

CHDP OTHER SERVICES

	NUMBER OF PROVIDERS	NUMBER OF VISITS	AMOUNT PAID
CHDP Services			
TOTALS			

INSTRUCTIONS FOR COMPLETING THE
FINAL ANNUAL
TRUST/SPECIAL REVENUE FUND BALANCE REPORT
FISCAL YEAR 2000-01

The purpose of the Final Annual Report is to provide a final accounting to the State of how counties expend their California Healthcare for Indigents Program (CHIP)/Rural Health Services (RHS) Program funds on the medically indigent population. The information derived from the report will be used to address policy questions related to indigent health care programs posed by legislative staff, state administrative officials, and representatives from provider organizations.

The Final Annual Report provides an accounting of income and disbursements by CHIP/RHS Program subaccount, and includes a general display of expenditures and service utilization. The disbursement data reported must correspond to the expenditure data. The Report will also identify funds that must be returned to the State. In addition, the county auditor controller must certify not only the accuracy of the Report, but that the dollar amounts reported reconcile with the dollar amounts reported in the expenditure and utilization data submitted with the Report.

Please use the following outlined instructions when completing the Final Annual Report:

I. FINANCIAL STATEMENT

A. BEGINNING BALANCE. This amount is the beginning balance of the Trust Fund for the 2000-01 fiscal year (FY). The beginning balance must be zero.

B. INCOME

1. FUNDS RECEIVED PURSUANT TO SECTIONS 16931 AND 16941 OF THE WELFARE AND INSTITUTIONS CODE. The total CHIP/RHS Program payments received for FY 2000-01.

2. INTEREST EARNED FY 2000-01. Interest earned and posted to the Fund for FY 2000-01 with a transaction cutoff date of March 15, 2002.

3. INTEREST CARRIED OVER FROM FY 1999-00. Interest carried over from the FY 1999-00 Trust Fund.

4. TOTAL INCOME. The sum of B1, B2, and B3.

C. DISBURSEMENTS

1. FUNDS DISBURSED FOR SERVICES. Disbursements for services provided from July 1, 2000, through June 30, 2001.

2. FUNDS DISBURSED FOR ADMINISTRATIVE COSTS. County administrative costs attributable to the administration of the CHIP or RHS Program for FY 2000-01.
 3. INTEREST TO BE TRANSFERRED TO FY 2001-02 TRUST FUND. Interest earned by the fund, but not spent during the fiscal year. The amount can only be carried over to the FY 2001-02 account or subaccount and appropriated for expenditure.
 - 3a. FUNDS DISBURSED FOR EQUIPMENT (Applies only to the Other Health Services Account). Funds disbursed for equipment must be consistent with the FY 2000-01 CHIP/RHS Program Standard Agreement, which states that no more than five percent (5%) of the county's Other Health Services allocation or fifty-thousand dollars (\$50,000), whichever is greater, may be expended for equipment and fixed assets, and no single expenditure may exceed ten-thousand dollars (\$10,000).
 4. TOTAL DISBURSEMENTS. The sum of C1-C4 (depending on the account).
 - D. MONIES RECOVERED BY THE TRUST FUND AND NOT DISBURSED. FY 2000-01 funds previously disbursed, recovered by the county, and not expended.
 - E. ENDING BALANCE. Add the Beginning Balance to the Total Income, subtract the Total Disbursements, and add the Recovered Monies.
 - F. FUND CLOSED: AMOUNT RETURNED TO STATE. Funds not expended by the county and returned to or recouped by the State. All CHIP/RHS Program monies remaining in the Trust Fund after March 15, 2002, must be disencumbered and returned to the State.
- II. CERTIFICATION. The Final Annual Report requires signature by the county auditor controller certifying the Report's accuracy, that supporting documentation is available for state review, and the dollar amounts reported in the Final Annual Report have been reconciled with the dollar amounts reported in the expenditure and utilization data submitted with the report.

FINAL ANNUAL

TRUST/SPECIAL REVENUE FUND BALANCE REPORT

**CALIFORNIA HEALTHCARE FOR INDIGENTS PROGRAM
RURAL HEALTH SERVICES PROGRAM**

FISCAL YEAR 2000-01

COUNTY OF _____

JULY 1, 2000 THROUGH JUNE 30, 2001
AS OF MARCH 15, 2002

\$0.00

*This figure must equal the total amount(s) paid as reported in the attached Expenditure and Utilization Data Report.

CHIP/RHS
 FINAL ANNUAL
 TRUST/SPECIAL REVENUE FUND BALANCE REPORT
 FISCAL YEAR (FY) 2000-01

County of _____

EXPENDITURE AND UTILIZATION DATA REPORT
 (COUNTY HOSPITAL SUBACCOUNT)

Facility	INPATIENT			OUTPATIENT		EMERGENCY ROOM	
	Amount Paid	Number of Discharges	Patient Days	Amount Paid	Number of Visits	Amount Paid	Number of Visits
TOTALS							

CHILD HEALTH AND DISABILITY PREVENTION FOLLOW-UP TREATMENT

(CHDP Expenditures are a subset of above and should be reported only in table below.)

Facility	INPATIENT			OUTPATIENT	
	Amount Paid	Number of Discharges	Patient Days	Amount Paid	Number of Visits
TOTALS					

NONCOUNTY
HOSPITAL FORMULA SUBACCOUNT
JULY 1, 2000 THROUGH JUNE 30, 2001
AS OF MARCH 15, 2002

I. FINANCIAL STATEMENT

A. BEGINNING BALANCE \$0.00

B. INCOME

- | | |
|---|--------------|
| 1. FUNDS RECEIVED PURSUANT TO SECTIONS 16931 and 16941 OF THE WELFARE & INSTITUTIONS CODE | _____ |
| 2. INTEREST EARNED FY 2000-01 | _____ |
| 3. INTEREST CARRIED OVER FROM FY 1999-00 | _____ |
| 4. TOTAL INCOME | <u>_____</u> |

C. DISBURSEMENTS

- | | |
|--|--------------|
| 1. FUNDS DISBURSED FOR SERVICES* | _____ |
| 2. INTEREST TRANSFERRED TO FY 2001-02 TRUST FUND | _____ |
| 3. TOTAL DISBURSEMENTS | <u>_____</u> |

D. MONIES RECOVERED BY THE TRUST FUND AND NOT DISBURSED _____

E. ENDING BALANCE (A+B4-C3+D) _____

F. FUND CLOSED: AMOUNT RETURNED TO STATE _____

II. CERTIFICATION

I HEREBY CERTIFY THE ACCURACY OF THIS TRUST FUND BALANCE REPORT AND THAT SUPPORTING DOCUMENTATION IS AVAILABLE FOR STATE REVIEW.

AUDITOR CONTROLLER SIGNATURE: _____

DATE: _____ TELEPHONE NUMBER: _____

*This figure must equal the total amount(s) paid as reported in the attached Expenditure and Utilization Data Report.

CHIP/RHS
 FINAL ANNUAL
 TRUST/SPECIAL REVENUE FUND BALANCE REPORT
 FISCAL YEAR (FY) 2000-01

County of _____

EXPENDITURE AND UTILIZATION DATA REPORT
 (NONCOUNTY HOSPITAL FORMULA SUBACCOUNT)

Facility	INPATIENT			OUTPATIENT		EMERGENCY ROOM	
	Amount Paid	Number of Discharges	Patient Days	Amount Paid	Number of Visits	Amount Paid	Number of Visits
TOTALS							

NONCOUNTY
HOSPITAL DISCRETIONARY SUBACCOUNT

JULY 1, 2000 THROUGH JUNE 30, 2001
AS OF MARCH 15, 2002

I. FINANCIAL STATEMENT:

A. BEGINNING BALANCE	<u>\$0.00</u>
B. INCOME	
1. FUNDS RECEIVED PURSUANT TO SECTIONS 16931 and 16941 OF THE WELFARE & INSTITUTIONS CODE	<u> </u>
2. INTEREST EARNED FY 2000-01	<u> </u>
3. INTEREST CARRIED OVER FROM FY 1999-00	<u> </u>
4. TOTAL INCOME	<u> </u>
C. DISBURSEMENTS	
1. FUNDS DISBURSED FOR SERVICES*	<u> </u>
2. FUNDS DISBURSED FOR ADMINISTRATIVE COSTS	<u> </u>
3. INTEREST TRANSFERRED TO FY 2001-02 TRUST FUND	<u> </u>
4. TOTAL DISBURSEMENTS	<u> </u>
D. MONIES RECOVERED BY THE TRUST FUND AND NOT DISBURSED	<u> </u>
E. ENDING BALANCE (A+B4-C4+D)	<u> </u>
F. FUND CLOSED: AMOUNT RETURNED TO STATE	<u> </u>

II. CERTIFICATION

I HEREBY CERTIFY THE ACCURACY OF THIS TRUST FUND BALANCE REPORT AND THAT SUPPORTING DOCUMENTATION IS AVAILABLE FOR STATE REVIEW.

AUDITOR CONTROLLER SIGNATURE: _____

DATE: _____ TELEPHONE NUMBER: _____

*This figure must equal the total amount(s) paid as reported in the attached Expenditure and Utilization Data Report.

CHIP/RHS
 FINAL ANNUAL
 TRUST/SPECIAL REVENUE FUND BALANCE REPORT
 FISCAL YEAR (FY) 2000-01

County of _____

EXPENDITURE AND UTILIZATION DATA REPORT
 (NONCOUNTY HOSPITAL DISCRETIONARY SUBACCOUNT)

Facility	INPATIENT			OUTPATIENT		EMERGENCY ROOM	
	Amount Paid	Number of Discharges	Patient Days	Amount Paid	Number of Visits	Amount Paid	Number of Visits
TOTALS							

CHILD HEALTH AND DISABILITY PREVENTION FOLLOW-UP TREATMENT

(CHDP Expenditures are a subset of above and should be reported only in table below.)

Facility	INPATIENT			OUTPATIENT	
	Amount Paid	Number of Discharges	Patient Days	Amount Paid	Number of Visits
TOTALS					

EMERGENCY MEDICAL SERVICES SUBACCOUNT

JULY 1, 2000 THROUGH JUNE 30, 2001
AS OF MARCH 15, 2002

I. FINANCIAL STATEMENT

A. BEGINNING BALANCE \$0.00

B. INCOME

1. FUNDS RECEIVED PURSUANT TO SECTIONS 16931 and
16941 OF THE WELFARE & INSTITUTIONS CODE
2. INTEREST EARNED FY 2000-01
3. INTEREST CARRIED OVER FROM FY 1999-00
4. TOTAL INCOME

C. DISBURSEMENTS

1. FUNDS DISBURSED FOR SERVICES*
2. FUNDS DISBURSED FOR ADMINISTRATIVE COSTS
3. INTEREST TRANSFERRED TO FY 2001-02 TRUST FUND
4. TOTAL DISBURSEMENTS

D. MONIES RECOVERED BY THE TRUST FUND AND NOT DISBURSED

E. ENDING BALANCE (A+B4-C4+D)

F. FUND CLOSED: AMOUNT RETURNED TO STATE

II. CERTIFICATION

I HEREBY CERTIFY THE ACCURACY OF THIS TRUST FUND BALANCE REPORT AND
THAT SUPPORTING DOCUMENTATION IS AVAILABLE FOR STATE REVIEW.

AUDITOR CONTROLLER SIGNATURE: _____

DATE: _____ TELEPHONE NUMBER: _____

*This figure must equal the total amount(s) paid as reported in the attached Expenditure and Utilization Data Report.

CHIP/RHS
FINAL ANNUAL
TRUST/SPECIAL REVENUE FUND BALANCE REPORT
FISCAL YEAR (FY) 2000-01

County of _____

EXPENDITURE AND UTILIZATION DATA REPORT
(EMERGENCY MEDICAL SERVICES SUBACCOUNT)

CATEGORY	NUMBER OF PROVIDERS	NUMBER OF VISITS	AMOUNT PAID
Emergency Services			
OB/GYN Services			
Pediatrics			
TOTALS			

NEW PHYSICIANS CONTRACT SUBACCOUNT

JULY 1, 2000 THROUGH JUNE 30, 2001
AS OF MARCH 15, 2002

I. FINANCIAL STATEMENT:

A. BEGINNING BALANCE _____ \$0.00

B. INCOME

1. FUNDS RECEIVED PURSUANT TO SECTIONS 16931 and
16941 OF THE WELFARE & INSTITUTIONS CODE _____
2. INTEREST EARNED FY 2000-01 _____
3. INTEREST CARRIED OVER FROM FY 1999-00 _____
4. TOTAL INCOME _____

C. DISBURSEMENTS

1. FUNDS DISBURSED FOR SERVICES* _____
2. FUNDS DISBURSED FOR ADMINISTRATIVE COSTS _____
3. INTEREST TRANSFERRED TO FY 2001-02 TRUST FUND _____
4. TOTAL DISBURSEMENTS _____

D. MONIES RECOVERED BY THE TRUST FUND AND NOT DISBURSED _____

E. ENDING BALANCE (A+B4-C4+D) _____

F. FUND CLOSED: AMOUNT RETURNED TO STATE _____

II. CERTIFICATION

I HEREBY CERTIFY THE ACCURACY OF THIS TRUST FUND BALANCE REPORT AND
THAT SUPPORTING DOCUMENTATION IS AVAILABLE FOR STATE REVIEW.

AUDITOR CONTROLLER SIGNATURE: _____

DATE: _____ TELEPHONE NUMBER: _____

*This figure must equal the total amount(s) paid as reported in the attached Expenditure and Utilization Data Report.

CHIP/RHS
FINAL ANNUAL
TRUST/SPECIAL REVENUE FUND BALANCE REPORT
FISCAL YEAR (FY) 2000-01

County of _____

EXPENDITURE AND UTILIZATION DATA REPORT
(NEW PHYSICIANS CONTRACTS SUBACCOUNT)

CATEGORY	NUMBER OF PROVIDERS	NUMBER OF VISITS	AMOUNT PAID
Emergency Services			
OB/GYN Services			
Pediatrics			
TOTALS			

CHILD HEALTH AND DISABILITY PREVENTION FOLLOW-UP TREATMENT
(CHDP Expenditures are a subset of above and should be reported only in table below.)

CATEGORY	NUMBER OF PROVIDERS	NUMBER OF VISITS	AMOUNT PAID
CHDP Services			
TOTALS			

OTHER HEALTH SERVICES SUBACCOUNT

JULY 1, 2000 THROUGH JUNE 30, 2001
AS OF MARCH 15, 2002

I. FINANCIAL STATEMENT:	_____ \$0.00
A. BEGINNING BALANCE	_____
B. INCOME	
1. FUNDS RECEIVED PURSUANT TO SECTIONS 16931 and 16941 OF THE WELFARE & INSTITUTIONS CODE	_____
2. INTEREST EARNED FY 2000-01	_____
3. INTEREST CARRIED OVER FROM FY 1999-00	_____
4. TOTAL INCOME	=====
C. DISBURSEMENTS	
1. FUNDS DISBURSED FOR SERVICES*	_____
2. FUNDS DISBURSED FOR ADMINISTRATIVE COSTS	_____
3. INTEREST TRANSFERRED TO FY 2001-02 TRUST FUND	_____
4. FUNDS DISBURSED FOR EQUIPMENT	_____
5. TOTAL DISBURSEMENTS	=====
D. MONIES RECOVERED BY THE TRUST FUND AND NOT DISBURSED	_____
E. ENDING BALANCE (A+B4-C5+D)	=====
F. FUND CLOSED: AMOUNT RETURNED TO STATE	_____

II. CERTIFICATION

I HEREBY CERTIFY THE ACCURACY OF THIS TRUST FUND BALANCE REPORT AND THAT SUPPORTING DOCUMENTATION IS AVAILABLE FOR STATE REVIEW.

AUDITOR CONTROLLER SIGNATURE: _____

DATE: _____ TELEPHONE NUMBER: _____

*This figure must equal the total amount(s) paid as reported in the attached Expenditure and Utilization Data Report.

HOSPITAL SERVICES - Do not include CHDP

PHYSICIAN SERVICES - Do not include CHDP

OTHER SERVICES - Do Not Include CHDP

TYPE OF SERVICE	NUMBER OF PROVIDERS	NUMBER OF VISITS	AMOUNT PAID
Health Clinics			
Dental Clinics			
Public Health			
Mental Health			
Transportation			
All Other Services			
TOTALS			

CHIP/RHS
 FINAL ANNUAL
 TRUST/SPECIAL REVENUE FUND BALANCE REPORT
 FISCAL YEAR (FY) 2000-01

County of _____

EXPENDITURE AND UTILIZATION DATA REPORT
 (OTHER HEALTH SERVICES SUBACCOUNT)
 CHILD HEALTH AND DISABILITY PREVENTION FOLLOWUP TREATMENT

CHDP HOSPITAL SERVICES

	INPATIENT			OUTPATIENT	
Facility	Amount Paid	Number of Discharges	Patient Days	Amount Paid	Number of Visits
TOTALS					

CHDP PHYSICIAN SERVICES

	NUMBER OF PROVIDERS	NUMBER OF VISITS	AMOUNT PAID
CHDP Services			
TOTALS			

CHDP OTHER SERVICES

	NUMBER OF PROVIDERS	NUMBER OF VISITS	AMOUNT PAID
CHDP Services			
TOTALS			